



State of Michigan  
Department of Labor & Economic Growth  
**UNEMPLOYMENT INSURANCE AGENCY**  
www.michigan.gov/uia



Authorized by  
MCL 421.1, et seq.  
Completion of this  
form is voluntary.

## WORKER'S QUESTIONNAIRE TO DETERMINE EMPLOYMENT STATUS

For Calendar Year(s) \_\_\_\_\_

Case Number \_\_\_\_\_

Date \_\_\_\_\_

Worker's Name, Address, and Social Security Number	Company's Name and Address
	Employer Federal ID Number (if known):

Completing this form will help us determine your employment status with the above employer and assist us in processing your claim for unemployment benefits. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN A DETERMINATION BEING MADE WITHOUT YOUR PARTICIPATION. Type or print your answers clearly and return this form within 10 days from the above date to:

\_\_\_\_\_  
(Indicate address where form should be returned)

If you have questions contact \_\_\_\_\_  
(Please print name) (Telephone Number)

1. Did you consider yourself: (Indicate A or B and give reason for your answer)

A. An employee of the above-named company? \_\_\_\_\_

B. Self-Employed? \_\_\_\_\_

2. Are you still performing services for this employer ..... YES ☐ NO ☐

If NO, do you expect to return to work with this employer? ..... YES ☐ NO ☐

If YES, give dates of employment \_\_\_\_\_

3. Has a previous ruling regarding your employment status with this employer been issued? ..... YES ☐ NO ☐

If YES, who issued the ruling and when was ruling issued? \_\_\_\_\_

(Attach copy of ruling)

4. What is the employer's business? \_\_\_\_\_

5. How did you obtain work with this employer? \_\_\_\_\_

6. What service(s) did you perform? \_\_\_\_\_

7. Where were the service(s) performed? (Give address) \_\_\_\_\_

8. Was the work performed under a written agreement? ..... YES ☐ NO ☐

If YES, attach a copy of agreement.

9. Did you perform similar services for others while performing services for this employer ..... YES ☐ NO ☐

If YES, please provide the name(s) of other individuals for whom you have provided similar services in the last twelve months \_\_\_\_\_.

10. Did others perform similar services for this employer? ..... YES ☐ NO ☐  
*If YES, how many?* \_\_\_\_\_
11. Did you submit invoices for the work you performed? ..... YES ☐ NO ☐  
*If YES, please provide copies of invoices/bills that you submitted.*
12. Could either you or the employer terminate the services you performed at any time? ..... YES ☐ NO ☐  
Explain \_\_\_\_\_  
\_\_\_\_\_
13. What equipment, tools, expenses, materials, and/or supplies were provided to you by the employer to perform these services?  
\_\_\_\_\_  
\_\_\_\_\_
14. What equipment, tools, materials and/or supplies did you provide to perform these services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Did the employer reimburse you for any expenses you incurred? ..... YES ☐ NO ☐  
*Please explain your answer* \_\_\_\_\_  
\_\_\_\_\_
16. Were you required to report to work at a specified time: e.g., 8:00 a.m. - 5:00 p.m.? ..... YES ☐ NO ☐  
*If YES, who determined the hours?* \_\_\_\_\_  
*Who kept records of hours worked?* \_\_\_\_\_
17. Were you required to call someone if you were unable to report to work? ..... YES ☐ NO ☐  
*If YES, who?* \_\_\_\_\_
18. How did you report your time to the company? Time clock ☐ Sign-in sheet ☐ Other ☐  
*If other, indicate reporting method and who provided it?* \_\_\_\_\_
19. Did the employer direct and control your day-to-day activities? ..... YES ☐ NO ☐  
*(Did the employer tell you what to do, when and how to do it?)*  
*If YES, how?* \_\_\_\_\_  
\_\_\_\_\_
20. Was there a supervisor on the job that you reported to? ..... YES ☐ NO ☐  
*If YES, who?* \_\_\_\_\_
21. Did you employ assistants? ..... YES ☐ NO ☐  
*(If YES, answer A through C. If NO, go to #22.)*  
A. Were the assistant's subject to employer's approval? ..... YES ☐ NO ☐  
B. Do you determine the hours that assistants work? ..... YES ☐ NO ☐  
C. How was the assistants' pay determined? \_\_\_\_\_
22. Was your job reviewed for satisfactory performance? ..... YES ☐ NO ☐  
*If YES, who performed review?* \_\_\_\_\_  
Who paid for the expenses of correcting unsatisfactory work? \_\_\_\_\_
23. How much were you paid for the services you performed? *(Be specific; e.g., \$8.50 per hour [salary, commission, piece, square foot, etc.])* \_\_\_\_\_  
\_\_\_\_\_
24. How was the pay rate determined? \_\_\_\_\_  
\_\_\_\_\_

25. Were deductions taken out of your paycheck:  
e.g., income tax, social security withholding, etc.? ..... YES ☐ NO ☐  
*If YES, identify deduction(s)* \_\_\_\_\_
26. Did you receive a W-2? ..... YES ☐ NO ☐ Indicate year(s) \_\_\_\_\_
27. Did you receive a 1099? ..... YES ☐ NO ☐ Indicate year(s) \_\_\_\_\_
28. Were you covered by Workers' Disability Compensation Insurance? ..... YES ☐ NO ☐  
*If YES, who paid for coverage?* \_\_\_\_\_
29. Did you receive any benefits: e.g., health insurance, life insurance, sick pay, vacation pay, etc? ..... YES ☐ NO ☐  
*If YES, list benefits* \_\_\_\_\_
30. Did you have a Federal Employer Identification Number (FEIN)? ..... YES ☐ NO ☐  
*If YES, give number* \_\_\_\_\_
31. Did you file an "assumed" name? ..... YES ☐ NO ☐  
*If YES, what county* \_\_\_\_\_
32. Did you pay state, federal, social security and Medicare taxes as  
a self-employed individual? ..... YES ☐ NO ☐
33. Did you file a business income tax return? ..... YES ☐ NO ☐  
*If YES, what is the title of the form? (For example, Schedule C, Form 1120)* \_\_\_\_\_
34. Were you licensed? ..... YES ☐ NO ☐  
*If YES, by which organization(s) are you licensed?* \_\_\_\_\_  
*If not licensed in your name provide name, type of license, organization, etc.* \_\_\_\_\_
35. Did you maintain an office or other place of business? ..... YES ☐ NO ☐  
*If YES, what is the address?* \_\_\_\_\_  
*If YES to #35, did the employer pay any part of the rent?* \_\_\_\_\_
36. Did you advertise as being available to the general public by listing your services  
in the telephone directory or and other publications? ..... YES ☐ NO ☐  
*If YES, identify* \_\_\_\_\_
38. **Additional Comments:** *(In the space below, you may provide any additional information you feel would be beneficial in determining your employment status. Use reverse if necessary.)*

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### CERTIFICATION

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I hereby certify that the answers given on this form are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number  
(Include Area Code)